

PCT

REQUEST

The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty.

For recipient Office use only

International Application No.

International Filing Date

Name of receiving Office and "PCT International Application"

Applicant's or agent's file reference (if desired) (12 characters maximum) 302320WO/PRS

Box No. I TITLE OF INVENTION
LINKED AUTHENTICATION PROTOCOLS

Box No. II APPLICANT ☐ This person is also inventor

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NOKIA CORPORATION
Keilalahdentie 4
FIN-02150 Espoo
Finland

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's registration No. with the Office:

State (that is, country) of nationality:
FI

State (that is, country) of residence:
FI

This person is applicant for the purposes of: ☐ all designated States ☒ all designated States except the United States of America ☐ the United States of America only ☐ the States indicated in the Supplemental Box

Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NYBERG, Kaisa
Temppelikatu 3-5 A 12
FIN-00100 Helsinki
Finland

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:
FI

State (that is, country) of residence:
FI

This person is applicant for the purposes of: ☐ all designated States ☐ all designated States except the United States of America ☒ the United States of America only ☐ the States indicated in the Supplemental Box

☒ Further applicants and/or (further) inventors are indicated on a continuation sheet.

Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as:

☒ agent ☐ common representative

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)

SLINGSBY, Philip Roy
PAGE WHITE & FARRER
54 Doughty Street
London
WC1N 2LS
United Kingdom

Telephone No.
020 7831 7929

Facsimile No.
020 7831 8040

Teleprinter No.
8955681

Agent's registration No. with the Office

☐ Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Continuation of Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S)

If none of the following sub-boxes is used, this sheet should not be included in the request.

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

NIEMI, Valtteri
Tallberginkatu 3 as 43
FIN-00180 Helsinki
Finland

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

FI

State (that is, country) of residence:

FI

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

ASOKAN, Nadarajah
Ankkurinvarsi 6 K
FIN-02320 Espoo
Finland

This person is:

- ☐ applicant only
☒ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

CA

State (that is, country) of residence:

FI

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☒ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.)

This person is:

- ☐ applicant only
☐ applicant and inventor
☐ inventor only (If this check-box is marked, do not fill in below.)

Applicant's registration No. with the Office

State (that is, country) of nationality:

State (that is, country) of residence:

This person is applicant for the purposes of:

☐ all designated States☐ all designated States except the United States of America☐ the United States of America only☐ the States indicated in the Supplemental Box

☐ Further applicants and/or (further) inventors are indicated on another continuation sheet.

Box No. V DESIGNATION OF STATES

Mark the applicable check-boxes below; at least one must be marked.

The following designations are hereby made under Rule 4.9(a):

Regional Patent

- ☐ **AP ARIPO Patent:** GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ United Republic of Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the Harare Protocol and of the PCT (if other kind of protection or treatment desired, specify on dotted line)
- ☐ **EA Eurasian Patent:** AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakhstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- ☐ **EP European Patent:** AT Austria, BE Belgium, BG Bulgaria, CH & LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Greece, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, SE Sweden, SK Slovakia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the PCT
- ☐ **OA OAPI Patent:** BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):

- | | | |
|--|---|---|
| <input type="checkbox"/> AE United Arab Emirates | <input type="checkbox"/> GM Gambia | <input type="checkbox"/> NZ New Zealand |
| <input type="checkbox"/> AG Antigua and Barbuda | <input type="checkbox"/> HR Croatia | <input type="checkbox"/> OM Oman |
| <input type="checkbox"/> AL Albania | <input type="checkbox"/> HU Hungary | <input type="checkbox"/> PH Philippines |
| <input type="checkbox"/> AM Armenia | <input type="checkbox"/> ID Indonesia | <input type="checkbox"/> PL Poland |
| <input type="checkbox"/> AT Austria | <input type="checkbox"/> IL Israel | <input type="checkbox"/> PT Portugal |
| <input type="checkbox"/> AU Australia | <input type="checkbox"/> IN India | <input type="checkbox"/> RO Romania |
| <input type="checkbox"/> AZ Azerbaijan | <input type="checkbox"/> IS Iceland | <input type="checkbox"/> RU Russian Federation |
| <input type="checkbox"/> BA Bosnia and Herzegovina | <input type="checkbox"/> JP Japan | |
| <input type="checkbox"/> BB Barbados | <input type="checkbox"/> KE Kenya | <input type="checkbox"/> SD Sudan |
| <input type="checkbox"/> BG Bulgaria | <input type="checkbox"/> KG Kyrgyzstan | <input type="checkbox"/> SE Sweden |
| <input type="checkbox"/> BR Brazil | <input type="checkbox"/> KP Democratic People's Republic of Korea | <input type="checkbox"/> SG Singapore |
| <input type="checkbox"/> BY Belarus | <input type="checkbox"/> KR Republic of Korea | <input type="checkbox"/> SI Slovenia |
| <input type="checkbox"/> BZ Belize | <input type="checkbox"/> KZ Kazakhstan | <input type="checkbox"/> SK Slovakia |
| <input type="checkbox"/> CA Canada | <input type="checkbox"/> LC Saint Lucia | <input type="checkbox"/> SL Sierra Leone |
| <input type="checkbox"/> CH & LI Switzerland and Liechtenstein | <input type="checkbox"/> LK Sri Lanka | <input type="checkbox"/> TJ Tajikistan |
| <input type="checkbox"/> CN China | <input type="checkbox"/> LR Liberia | <input type="checkbox"/> TM Turkmenistan |
| <input type="checkbox"/> CO Colombia | <input type="checkbox"/> LS Lesotho | <input type="checkbox"/> TN Tunisia |
| <input type="checkbox"/> CR Costa Rica | <input type="checkbox"/> LT Lithuania | <input type="checkbox"/> TR Turkey |
| <input type="checkbox"/> CU Cuba | <input type="checkbox"/> LU Luxembourg | <input type="checkbox"/> TT Trinidad and Tobago |
| <input type="checkbox"/> CZ Czech Republic | <input type="checkbox"/> LV Latvia | |
| <input type="checkbox"/> DE Germany | <input type="checkbox"/> MA Morocco | <input type="checkbox"/> TZ United Republic of Tanzania |
| <input type="checkbox"/> DK Denmark | <input type="checkbox"/> MD Republic of Moldova | <input type="checkbox"/> UA Ukraine |
| <input type="checkbox"/> DM Dominica | <input type="checkbox"/> MG Madagascar | <input type="checkbox"/> UG Uganda |
| <input type="checkbox"/> DZ Algeria | <input type="checkbox"/> MK The former Yugoslav Republic of Macedonia | <input type="checkbox"/> US United States of America |
| <input type="checkbox"/> EC Ecuador | <input type="checkbox"/> MN Mongolia | |
| <input type="checkbox"/> EE Estonia | <input type="checkbox"/> MW Malawi | <input type="checkbox"/> UZ Uzbekistan |
| <input type="checkbox"/> ES Spain | <input type="checkbox"/> MX Mexico | <input type="checkbox"/> VN Viet Nam |
| <input type="checkbox"/> FI Finland | <input type="checkbox"/> MZ Mozambique | <input type="checkbox"/> YU Yugoslavia |
| <input type="checkbox"/> GB United Kingdom | <input type="checkbox"/> NO Norway | <input type="checkbox"/> ZA South Africa |
| <input type="checkbox"/> GD Grenada | | <input type="checkbox"/> ZM Zambia |
| <input type="checkbox"/> GE Georgia | | <input type="checkbox"/> ZW Zimbabwe |
| <input type="checkbox"/> GH Ghana | | |

Check-boxes below reserved for designating States which have become party to the PCT after issuance of this sheet:

- | | | |
|--------------------------------|--------------------------------|--------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Precautionary Designation Statement: In addition to the designations made above, the applicant also makes under Rule 4.9(b) all other designations which would be permitted under the PCT except any designation(s) indicated in the Supplemental Box as being excluded from the scope of this statement. The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation (including fees) must reach the receiving Office within the 15-month time limit.)

Supplemental Box*If the Supplemental Box is not used, this sheet should not be included in the request.*

1. *If, in any of the Boxes, except Boxes Nos. VIII(i) to (v) for which a special continuation box is provided, the space is insufficient to furnish all the information: in such case, write "Continuation of Box No." (indicate the number of the Box) and furnish the information in the same manner as required according to the captions of the Box in which the space was insufficient, in particular:*
 - (i) *if more than two persons are to be indicated as applicants and/or inventors and no "continuation sheet" is available: in such case, write "Continuation of Box No. III" and indicate for each additional person the same type of information as required in Box No. III. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below;*
 - (ii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the indication "the States indicated in the Supplemental Box" is checked: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the applicant(s) involved and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is applicant;*
 - (iii) *if, in Box No. II or in any of the sub-boxes of Box No. III, the inventor or the inventor/applicant is not inventor for the purposes of all designated States or for the purposes of the United States of America: in such case, write "Continuation of Box No. II" or "Continuation of Box No. III" or "Continuation of Boxes No. II and No. III" (as the case may be), indicate the name of the inventor(s) and, next to (each) such name, the State(s) (and/or, where applicable, ARIPO, Eurasian, European or OAPI patent) for the purposes of which the named person is inventor;*
 - (iv) *if, in addition to the agent(s) indicated in Box No. IV, there are further agents: in such case, write "Continuation of Box No. IV" and indicate for each further agent the same type of information as required in Box No. IV;*
 - (v) *if, in Box No. V, the name of any State (or OAPI) is accompanied by the indication "patent of addition," or "certificate of addition," or if, in Box No. V, the name of the United States of America is accompanied by an indication "continuation" or "continuation-in-part": in such case, write "Continuation of Box No. V" and the name of each State involved (or OAPI), and after the name of each such State (or OAPI), the number of the parent title or parent application and the date of grant of the parent title or filing of the parent application;*
 - (vi) *if, in Box No. VI, there are more than five earlier applications whose priority is claimed: in such case, write "Continuation of Box No. VI" and indicate for each additional earlier application the same type of information as required in Box No. VI.*
2. *If, with regard to the precautionary designation statement contained in Box No. V, the applicant wishes to exclude any State(s) from the scope of that statement: in such case, write "Designation(s) excluded from precautionary designation statement" and indicate the name or two-letter code of each State so excluded.*

Box No. VI PRIORITY CLAIM

The priority of the following earlier application(s) is hereby claimed:

Filing date of earlier application (day/month/year)	Number of earlier application	Where earlier application is:		
		national application: country or Member of WTO	regional application: * regional Office	international application: receiving Office
item (1) 18 September 2002 (18.09.02)	0221674.5	GB		
item (2)				
item (3)				
item (4)				
item (5)				

☐ Further priority claims are indicated in the Supplemental Box.

The receiving Office is requested to prepare and transmit to the International Bureau a certified copy of the earlier application(s) (only if the earlier application was filed with the Office which for the purposes of this international application is the receiving Office) identified above as:

☐ all items
 ☐ item (1)
 ☐ item (2)
 ☐ item (3)
 ☐ item (4)
 ☐ item (5)
 ☐ other, see Supplemental Box

* Where the earlier application is an ARIPO application, indicate at least one country party to the Paris Convention for the Protection of Industrial Property or one Member of the World Trade Organization for which that earlier application was filed (Rule 4.10(b)(ii)):

Box No. VII INTERNATIONAL SEARCHING AUTHORITY

Choice of International Searching Authority (ISA) (if two or more International Searching Authorities are competent to carry out the international search, indicate the Authority chosen; the two-letter code may be used):

ISA / SE

Request to use results of earlier search; reference to that search (if an earlier search has been carried out by or requested from the International Searching Authority):

Date (day/month/year)

Number

Country (or regional Office)

Box No. VIII DECLARATIONS

The following declarations are contained in Boxes Nos. VIII (i) to (v) (mark the applicable check-boxes below and indicate in the right column the number of each type of declaration):

Number of
declarations

- | | | |
|---|--|---|
| <input type="checkbox"/> Box No. VIII (i) | Declaration as to the identity of the inventor | : |
| <input type="checkbox"/> Box No. VIII (ii) | Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent | : |
| <input type="checkbox"/> Box No. VIII (iii) | Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application | : |
| <input type="checkbox"/> Box No. VIII (iv) | Declaration of inventorship (only for the purposes of the designation of the United States of America) | : |
| <input type="checkbox"/> Box No. VIII (v) | Declaration as to non-prejudicial disclosures or exceptions to lack of novelty | : |

Box No. VIII (i) DECLARATION: IDENTITY OF THE INVENTOR

The declaration must conform to the standardized wording provided for in Section 211; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (i). If this Box is not used, this sheet should not be included in the request.

Declaration as to the identity of the inventor (Rules 4.17(i) and 51bis.1(a)(i)):

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (i)".

Box No. VIII (ii) DECLARATION: ENTITLEMENT TO APPLY FOR AND BE GRANTED A PATENT

The declaration must conform to the standardized wording provided for in Section 212; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (ii). If this Box is not used, this sheet should not be included in the request.

Declaration as to the applicant's entitlement, as at the international filing date, to apply for and be granted a patent (Rules 4.17(ii) and 51bis.1(a)(ii)), in a case where the declaration under Rule 4.17(iv) is not appropriate:

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (ii)".

Box No. VIII (iii) DECLARATION: ENTITLEMENT TO CLAIM PRIORITY

The declaration must conform to the standardized wording provided for in Section 213; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iii). If this Box is not used, this sheet should not be included in the request.

Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application specified below, where the applicant is not the applicant who filed the earlier application or where the applicant's name has changed since the filing of the earlier application (Rules 4.17(iii) and 51bis.1(a)(iii)):

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iii)".

Box No. VIII (iv) DECLARATION: INVENTORSHIP (only for the purposes of the designation of the United States of America)
The declaration must conform to the following standardized wording provided for in Section 214; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (iv). If this Box is not used, this sheet should not be included in the request.

**Declaration of inventorship (Rules 4.17(iv) and 51bis.1(a)(iv))
for the purposes of the designation of the United States of America:**

I hereby declare that I believe I am the original, first and sole (if only one inventor is listed below) or joint (if more than one inventor is listed below) inventor of the subject matter which is claimed and for which a patent is sought.

This declaration is directed to the international application of which it forms a part (if filing declaration with application).

This declaration is directed to international application No. PCT/..... (if furnishing declaration pursuant to Rule 26ter).

I hereby declare that my residence, mailing address, and citizenship are as stated next to my name.

I hereby state that I have reviewed and understand the contents of the above-identified international application, including the claims of said application. I have identified in the request of said application, in compliance with PCT Rule 4.10, any claim to foreign priority, and I have identified below, under the heading "Prior Applications," by application number, country or Member of the World Trade Organization, day, month and year of filing, any application for a patent or inventor's certificate filed in a country other than the United States of America, including any PCT international application designating at least one country other than the United States of America, having a filing date before that of the application on which foreign priority is claimed.

Prior Applications:

I hereby acknowledge the duty to disclose information that is known by me to be material to patentability as defined by 37 C.F.R. § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the PCT international filing date of the continuation-in-part application.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name:

Residence:
(city and either US state, if applicable, or country)

Mailing Address:

Citizenship:

Inventor's Signature:
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date:
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

Name:

Residence:
(city and either US state, if applicable, or country)

Mailing Address:

Citizenship:

Inventor's Signature:
(if not contained in the request, or if declaration is corrected or added under Rule 26ter after the filing of the international application. The signature must be that of the inventor, not that of the agent)

Date:
(of signature which is not contained in the request, or of the declaration that is corrected or added under Rule 26ter after the filing of the international application)

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (iv)".

Box No. VIII (v) DECLARATION: NON-PREJUDICIAL DISCLOSURES OR EXCEPTIONS TO LACK OF NOVELTY
The declaration must conform to the standardized wording provided for in Section 215; see Notes to Boxes Nos. VIII, VIII (i) to (v) (in general) and the specific Notes to Box No. VIII (v). If this Box is not used, this sheet should not be included in the request.

Declaration as to non-prejudicial disclosures or exceptions to lack of novelty (Rules 4.17(v) and 51bis.1(a)(v)):

☐ This declaration is continued on the following sheet, "Continuation of Box No. VIII (v)".

Continuation of Box No. VIII (i) to (v) DECLARATION

If the space is insufficient in any of Boxes Nos. VIII (i) to (v) to furnish all the information, including in the case where more than two inventors are to be named in Box No. VIII (iv), in such case, write "Continuation of Box No. VIII ..." (indicate the item number of the Box) and furnish the information in the same manner as required for the purposes of the Box in which the space was insufficient. If additional space is needed in respect of two or more declarations, a separate continuation box must be used for each such declaration. If this Box is not used, this sheet should not be included in the request.

Box No. IX CHECK LIST, LANGUAGE OF FILING																													
<p>This international application contains:</p> <p>(a) the following number of sheets in paper form:</p> <p>request (including declaration sheets) : 6</p> <p>description (excluding sequence listing part) : 25</p> <p>claims : 6</p> <p>abstract : 1</p> <p>drawings : 7</p> <p>Sub-total number of sheets : 45</p> <p>sequence listing part of description (<i>actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (b) below</i>) : _____</p> <p>Total number of sheets : 45</p> <p>(b) sequence listing part of description filed in computer readable form</p> <p>(i) <input type="checkbox"/> only (under Section 801(a)(i))</p> <p>(ii) <input type="checkbox"/> in addition to being filed in paper form (under Section 801(a)(ii))</p> <p>Type and number of carriers (diskette, CD-ROM, CD-R or other) on which the sequence listing part is contained (<i>additional copies to be indicated under item 9(ii), in right column</i>): _____</p>	<p>This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 80%;"></th> <th style="width: 20%; text-align: center;">Number of items</th> </tr> </thead> <tbody> <tr> <td>1. <input type="checkbox"/> fee calculation sheet</td> <td style="text-align: center;">:</td> </tr> <tr> <td>2. <input type="checkbox"/> original separate power of attorney</td> <td style="text-align: center;">:</td> </tr> <tr> <td>3. <input type="checkbox"/> original general power of attorney</td> <td style="text-align: center;">:</td> </tr> <tr> <td>4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: GPA 01/0375</td> <td style="text-align: center;">:</td> </tr> <tr> <td>5. <input type="checkbox"/> statement explaining lack of signature</td> <td style="text-align: center;">:</td> </tr> <tr> <td>6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): _____</td> <td style="text-align: center;">:</td> </tr> <tr> <td>7. <input type="checkbox"/> translation of international application into (language): _____</td> <td style="text-align: center;">:</td> </tr> <tr> <td>8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material</td> <td style="text-align: center;">:</td> </tr> <tr> <td>9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))</td> <td style="text-align: center;">:</td> </tr> <tr> <td style="padding-left: 20px;">(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)</td> <td style="text-align: center;">:</td> </tr> <tr> <td style="padding-left: 20px;">(ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (b)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter</td> <td style="text-align: center;">:</td> </tr> <tr> <td style="padding-left: 20px;">(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column</td> <td style="text-align: center;">:</td> </tr> <tr> <td>10. <input type="checkbox"/> other (specify): _____</td> <td style="text-align: center;">:</td> </tr> </tbody> </table>		Number of items	1. <input type="checkbox"/> fee calculation sheet	:	2. <input type="checkbox"/> original separate power of attorney	:	3. <input type="checkbox"/> original general power of attorney	:	4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: GPA 01/0375	:	5. <input type="checkbox"/> statement explaining lack of signature	:	6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): _____	:	7. <input type="checkbox"/> translation of international application into (language): _____	:	8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:	9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))	:	(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:	(ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (b)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:	(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column	:	10. <input type="checkbox"/> other (specify): _____	:
	Number of items																												
1. <input type="checkbox"/> fee calculation sheet	:																												
2. <input type="checkbox"/> original separate power of attorney	:																												
3. <input type="checkbox"/> original general power of attorney	:																												
4. <input checked="" type="checkbox"/> copy of general power of attorney; reference number, if any: GPA 01/0375	:																												
5. <input type="checkbox"/> statement explaining lack of signature	:																												
6. <input type="checkbox"/> priority document(s) identified in Box No. VI as item(s): _____	:																												
7. <input type="checkbox"/> translation of international application into (language): _____	:																												
8. <input type="checkbox"/> separate indications concerning deposited microorganism or other biological material	:																												
9. <input type="checkbox"/> sequence listing in computer readable form (indicate also type and number of carriers (diskette, CD-ROM, CD-R or other))	:																												
(i) <input type="checkbox"/> copy submitted for the purposes of international search under Rule 13ter only (and not as part of the international application)	:																												
(ii) <input type="checkbox"/> (<i>only where check-box (b)(i) or (b)(ii) is marked in left column</i>) additional copies including, where applicable, the copy for the purposes of international search under Rule 13ter	:																												
(iii) <input type="checkbox"/> together with relevant statement as to the identity of the copy or copies with the sequence listing part mentioned in left column	:																												
10. <input type="checkbox"/> other (specify): _____	:																												
<p>Figure of the drawings which should accompany the abstract: 7</p>	<p>Language of filing of the international application: English</p>																												
Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE																													
<p><i>Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).</i></p>																													
<p>SLINGSBY, Philip Roy - Authorised Representative</p>																													

For receiving Office use only	
1. Date of actual receipt of the purported international application:	2. Drawings: <input type="checkbox"/> received:
3. Corrected date of actual receipt due to later but timely received papers or drawings completing the purported international application:	<input type="checkbox"/> not received:
4. Date of timely receipt of the required corrections under PCT Article 11(2):	
5. International Searching Authority (if two or more are competent): ISA /	6. <input type="checkbox"/> Transmittal of search copy delayed until search fee is paid

For International Bureau use only

Date of receipt of the record copy
by the International Bureau:

This sheet is part of and does not count as a sheet of the international application.

PCT

FEE CALCULATION SHEET

Annex to the Request

For receiving Office use only

International Application No.

Date stamp of the receiving Office

Applicant's or agent's
file reference

302320WO/PRS

Applicant

CALCULATION OF PRESCRIBED FEES

1. TRANSMITTAL FEE

T

2. SEARCH FEE

S

International search to be carried out by

(If two or more International Searching Authorities are competent to carry out the international search, indicate the name of the Authority which is chosen to carry out the international search.)

3. INTERNATIONAL FEE

Basic Fee

Where item (b) of Box No. IX applies, enter Sub-total number of sheets

Where item (b) of Box No. IX does not apply, enter Total number of sheets

b1 first 30 sheets

b1

b2

number of sheets
in excess of 30

x

fee per sheet

=

b2

b3

additional component (only if sequence listing part of description
is filed in computer readable form under Section 801(a)(i), or
both in that form and on paper, under Section 801(a)(ii)):

400 x

fee per sheet

=

b3

Add amounts entered at b1, b2 and b3 and enter total at B

B

Designation Fees

The international application contains designations.

number of designation fees
payable (maximum 5)

x

amount of designation fee

=

D

Add amounts entered at B and D and enter total at I

I

(Applicants from certain States are entitled to a reduction of 75% of the
international fee. Where the applicant is (or all applicants are) so entitled, the total
to be entered at I is 25% of the sum of the amounts entered at B and D.)

4. FEE FOR PRIORITY DOCUMENT (if applicable)

P

5. TOTAL FEES PAYABLE

Add amounts entered at T, S, I and P, and enter total in the TOTAL box

TOTAL

☐ The designation fees are not paid at this time.

MODE OF PAYMENT

☐ authorization to charge
deposit account (see below)

☐ postal money order

☐ cash

☐ coupons

☐ cheque

☐ bank draft

☐ revenue stamps

☐ other (specify):

AUTHORIZATION TO CHARGE (OR CREDIT) DEPOSIT ACCOUNT

(This mode of payment may not be available at all receiving Offices)

☐ Authorization to charge the total fees indicated above.

☐ (This check-box may be marked only if the conditions for deposit accounts
of the receiving Office so permit) Authorization to charge any deficiency
or credit any overpayment in the total fees indicated above.

☐ Authorization to charge the fee for priority document.

Receiving Office: RO/

Deposit Account No.:

Date:

Name:

Signature: